PART B - FEE(S) TRANSMITTAL Complete and send this form, together with "policable fee(s), to: Mail Mail Ston ISSUE. Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 S-FRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where payagnate. All turther correspondence including the Patient, advance orders and notification of maintenance fees will be mailed to the current correspondence address, and not the control of the part of the auntenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. LURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) HOLTZ, HOLTZ, GOODMAN & CHICK PC Certificate of Mailing or Transmission Thereby certify that this Fee(s) Fransmittal is being denosited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 220 Fifth Avenue 16TH Floor NEW YORK, NY 10001-7708 (Depusitor's name VILLANI Mugan (Signature EPS 5/13/1 APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 10/574 534 03/05/2007 Gunnar Christer Hansson 06237/LH ITLE OF INVENTION: POWER TOOL WITH ANGLE DRIVE AND PINION ADJUSTMENT APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FED(S) DUE DATE DUE nonprovisional NO \$1510 \$300 \$1810 05/16/2011 EXAMINER ART UNIT CLASSISTIRCLASS WEEKS, GLORIA R 3721 173-217000 Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, HOLTZ, HOLTZ, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. GOODMAN & CHICK, PC "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNER (B) RESIDENCE: (CITY and STATE OR COUNTRY) ATLAS COPCO TOOLS AB NACKA, SWEDEN

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(A) NAME OF ASSIGNEE

ATLAS COPCO TOOLS AB

NACKA, SWEDEN

NACKA, SWEDEN

NACKA, SWEDEN

1. Individual Corporation or other private group entity Government

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se collection of information is required by 37 (FR 1.31). The information is required to obtain a banefit by the public which is no fite (and by the USFTO to process) analytication. Credit entitle unitary to governed by 35 USC, 122 and 37 CFR 1.31. This collection is estimated to take D minutes to complete, including gathering, preparing, and harding the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete with the complete complete complete complete the complete complete complete complete complete the complete co

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